



# WELL CHILD EXAM - INFANCY: 12 MONTHS

(Meets EPSDT Guidelines)

DATE

INFANCY: 12 MONTHS				
PARENT TO COMPLETE ABOUT THE CHILD	CHILD'S NAME		BROUGHT IN BY:	DATE OF BIRTH
	ALLERGIES		CURRENT MEDICATIONS	
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT		TODAY I HAVE A QUESTION ABOUT:	
	YES NO <input type="checkbox"/> <input type="checkbox"/> My baby drinks from a cup. <input type="checkbox"/> <input type="checkbox"/> My baby eats a variety of foods. <input type="checkbox"/> <input type="checkbox"/> I do not have frequent times of sadness.		YES NO <input type="checkbox"/> <input type="checkbox"/> My baby can make sounds. <input type="checkbox"/> <input type="checkbox"/> My baby pulls self to standing position.	
WEIGHT KG/OZ. PERCENTILE		HEIGHT CM/IN. PERCENTILE		HEAD CIR. PERCENTILE
<input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history  Screening: Hearing      N      A      _____ Vision <input type="checkbox"/> <input type="checkbox"/> _____  Development: Circle area of concern Adaptive/Cognitive      Language/Communication Gross Motor      Social/Emotional      Fine Motor Behavior <input type="checkbox"/> <input type="checkbox"/> _____ Mental Health <input type="checkbox"/> <input type="checkbox"/> _____  Physical: General appearance      N      A      Chest      N      A      _____ Skin <input type="checkbox"/> <input type="checkbox"/> Lungs <input type="checkbox"/> <input type="checkbox"/> _____ Head/Fontanelle <input type="checkbox"/> <input type="checkbox"/> Cardiovascular/Pulses <input type="checkbox"/> <input type="checkbox"/> _____ Eyes (Cover/Uncover) <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/> <input type="checkbox"/> _____ Ears <input type="checkbox"/> <input type="checkbox"/> Genitalia <input type="checkbox"/> <input type="checkbox"/> _____ Nose <input type="checkbox"/> <input type="checkbox"/> Spine <input type="checkbox"/> <input type="checkbox"/> _____ Oropharynx/Teeth <input type="checkbox"/> <input type="checkbox"/> Extremities <input type="checkbox"/> <input type="checkbox"/> _____ Neck <input type="checkbox"/> <input type="checkbox"/> Neurologic <input type="checkbox"/> <input type="checkbox"/> _____ Nodes <input type="checkbox"/> <input type="checkbox"/> Gait <input type="checkbox"/> <input type="checkbox"/> _____  Describe abnormal findings and comments: _____ _____ _____ _____				
Diet _____ Elimination _____ Sleep _____ <input type="checkbox"/> Review Immunization Record <input type="checkbox"/> Lead Exposure <input type="checkbox"/> Fluoride Supplements <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Hct/Hgb <input type="checkbox"/> Tb <input type="checkbox"/> Dental Referral Health Education: (Check all discussed/handouts given) <input type="checkbox"/> Family Planning <input type="checkbox"/> Safety <input type="checkbox"/> Passive Smoke <input type="checkbox"/> Development <input type="checkbox"/> Crib Safety <input type="checkbox"/> Appropriate Car Seat <input type="checkbox"/> Infant Bond <input type="checkbox"/> Feeding/colic <input type="checkbox"/> Fever <input type="checkbox"/> Teeth Care <input type="checkbox"/> Weaning <input type="checkbox"/> Language Stimulation <input type="checkbox"/> Discipline Limits <input type="checkbox"/> Child care <input type="checkbox"/> Other: _____ Assessment/Plan: _____ _____ _____ _____ _____				
IMMUNIZATIONS GIVEN				
REFERRALS				
NEXT VISIT: 18 MONTHS OF AGE				
HEALTH PROVIDER NAME				
HEALTH PROVIDER SIGNATURE				
HEALTH PROVIDER ADDRESS				

# Your Baby's Health at 12 Months

## Milestones

### **Ways your baby is developing between 12 and 18 months of age.**

Speaks more and more words: 3-10 words by 15 months; 15-20 words by 18 months.

Stacks two or three blocks.

Walks well, climbs steps with help.

Knows names of some body parts (such as eyes, nose, ears) and can point to them.

Follows simple directions.

### **You help your baby learn new skills by playing with her.**

## For Help or More Information

**Child Care Questions:** Washington State Child Care Resource & Referral Network, 1-800-446-1114.

**Support for Parents of Children with Special Needs:** Washington State Parent to Parent Program, 1-800-821-5927.

**Poison Prevention:** Washington Poison Center, 1-800-732-6985 (voice), 1-800-572-0639 (TTY Relay); Call 911 in an emergency.

**Child health and development, immunizations:** Healthy Mothers, Healthy Babies Information and Referral Line, 1-800-322-2588 (voice) or 1-800-833-6388 (TTY Relay)

**Parenting Skills or Support:** Family Help line, 1-800-932-HOPE (4673), Family Resources Northwest, 1-888-746-9568, Local Community College Classes

## Health Tips

Immunize your baby on time to protect her from many very serious diseases. If she has missed any doses of vaccine, make an appointment to catch up. Bring your baby's immunization history card with you to checkups. If you have questions about immunizations, ask the doctor or nurse.

By now, your baby should be eating a variety of nutritious solid foods. Small pieces of soft table foods can give him the nutrition he needs.

If your baby has been using a bottle, start to switch him to a cup. If you are still breast feeding, keep it up!

Brush your baby's teeth at least once a day. Start to use a tiny, pea-sized piece of toothpaste with fluoride. Take your baby for her first dental checkup.

## Parenting Tips

Play, read, and talk with your baby every day. Repeat songs and nursery rhymes that he likes.

Talk to your baby about what you want her to do. Remember, she is not old enough to do what you ask! She can understand more words than she can say. Praise her when she does things that you like.

## Safety Tips

As your baby learns to walk and climb, make sure your home is safe for her to explore. Keep the floor clean, lock poisons away in a closet, put breakable things on a high shelf, keep gates closed on stairs.

Babies can choke on small objects. Keep small, hard, round objects (coins, small blocks) out of reach. Avoid giving your baby round pieces of foods, such as hot dog slices, grapes, or nuts, to eat.

Keep your baby in a car seat. At age one, you can turn him to face forward if he has reached 20 pounds.

## Guidance to Physicians and Nurse Practitioners for Infancy (12 months)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

### Fluoride Screen

Look for white spots or decay on teeth. Check for history of decay in family. Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

### Lead Screen

Screen infants for these risk factors:

- Live in or frequently visit day care center, preschool, baby sitter's home or other structure built before 1950 that is dilapidated or being renovated.
- Come in contact with other children with known lead toxicity (i.e., blood lead 15 ug/dl).
- Live near a lead processing plant or with parents or household members who work in a lead-related occupation (e.g., battery recycling plant).

### Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, the ELMS2 (a language screen), or the MacArthur Communication Development Inventory.

Yes    No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Stands alone 2 seconds.</u>                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks with help.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Says "Dada" and Mama" specifically.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Responds to "no".</u>                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Precise pincer grasp.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Indicates wants by pointing or gestures.             |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Responds to "pat-a-cake" or waving "bye-bye".</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Bangs 2 blocks together.</u>                      |

- Avoids eye contact.
  - Concerned child cannot hear or "tunes out."
  - No babbling, pointing, or other gestures.

**Instructions for developmental milestones:** At least 90% of infants should achieve the underlined milestones by this age. If you have checked "no" on any two items or *even one* of the underlined items, or one of the **boxed items** (abnormal behavior at this age), refer the infant for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**